



Covered California
 P.O. Box 989725
 West Sacramento, CA 95798-9725



{FIRST_NAME} {LAST_NAME}
 {ADDRESS_LINE2}
 {ADDRESS_LINE1}
 {CITY}, {STATE_CD} {ZIPCODE}-{ZIP+4}

Act by {DUE_DATE} to keep your financial help!

{CURRENT_DATE}

Case Number: {CASE_ID}

Dear {FIRST_NAME} {LAST_NAME},

Our records show the household members listed below are enrolled in **two or more** Covered California health plans with **financial help**. Financial help lowers the monthly premium payment for your health plan. Because you are enrolled in more than one plan, you may not get the correct amount of financial help. If you get too much, when you file your taxes you may have to **pay back** some or all of the **premium tax credits** you got.

{FIRST_NAME} {LAST_NAME}
 {FIRST_NAME} {LAST_NAME}

To fix this, you must call Covered California by {DUE_DATE}. After {DUE_DATE}, we may **remove** the financial help from **one or more** of your health plans. You will have to pay the full monthly premium for those health plans. Call us so we can make sure you keep financial help for the right health plan.

You will get another letter for your other health plan. It will have a different Case Number at the top right corner of the page. When you call us, give the representative **both** case numbers. This will help us look up both of your active health plans.

Act Now!

- **Call Covered California**, Monday – Friday, 8 a.m. to 6 p.m. at **1-800-300-1506** (TTY 1-888-889-4500). If you need help in a language other than English, you can get language assistance.
- **If you need in-person help**, contact a Covered California certified enrollment counselor or insurance agent. To find one near you, go to CoveredCA.com/find-help.

Thank you,

Covered California

This notice was sent to you in compliance with the Affordable Care Act implementing regulations: 45 CFR § 155.330(e) and 10 CCR § 6496(i)

If you think we made a mistake

1. Call Covered California for help at **1-800-300-1506** (TTY: 1-888-889-4500). We are open Monday – Friday 8 a.m. to 6 p.m.
2. If we cannot solve the problem, you can ask for an appeal. You must ask within **90 days** of the date on your eligibility notice. You can ask for an appeal in one of these ways:
 - **Online** with the State Hearings Division at cdss.ca.gov/Hearing-Requests or through Covered California at CoveredCA.com/appeals
 - **Call** the State Hearings Division at 1-855-795-0634
 - **Visit** your local county office

You have the right to appeal any eligibility or enrollment decision. This includes, but is not limited to:

- Your eligibility for Covered California or Medi-Cal
- The date your health plan coverage starts
- Your premium assistance amount or cost-sharing reduction level
- You have waited too long for a decision
- Your eligibility for an exemption

About appeals

You only have **90 days** from the date of your eligibility notice to ask for an appeal. An appeal decision could change eligibility, enrollment, premium (monthly cost) or cost-sharing reduction for you or other household members.

Appeal hearings are by telephone, video conference or in person. You can speak for yourself or be represented (have someone speak for you). For free, local help with your appeal, call the Health Consumer Alliance at 1-888-804-3536.

If you need health services right away and a standard appeal could put your life or health in danger, call 1-855-795-0634. Ask for an **expedited** (fast) appeal.

If you have a Covered California plan, you can ask for **continued enrollment**. This will let you keep your health plan and premium assistance amount while you appeal. You must keep paying your premium (monthly cost).

Section 1557 of the Patient Protection and Affordable Care Act (ACA)

Covered California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, sex characteristics including intersex traits, sex stereotypes, or pregnancy and related conditions. Covered California does not exclude people or treat them differently because of race, color, national origin including primary language and limited English proficiency, age, disability, sex, gender identity or sexual orientation.

Covered California provides reasonable modifications and free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, auxiliary aids and services, and written information in other formats (large print, audio, accessible electronic formats and other formats). Covered California also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Section 1557 Civil Rights Coordinator at 1-916-228-8764 or by email at CivilRights@covered.ca.gov. Or, go to CoveredCA.com/accessibility.

If you believe that Covered California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation, you can file a grievance with the Section 1557 Civil Rights Coordinator.

You can file a grievance in the following ways:

Mail: Section 1557 Civil Rights Coordinator
P.O. Box 989725
West Sacramento, CA 95798-9725

Phone: 1-916-228-8764

Fax: 1-916-228-8909

Email: CivilRights@covered.ca.gov

You can also file a civil rights complaint with the Office for Civil Rights at the U.S. Department of Health and Human Services.

Mail: U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F, HHH Building
Washington, DC 20201

Phone: 1-800-368-1019 or TTY: 1-800-537-7697

Online: Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available on the U.S. Department of Health and Human Services Office for Civil Rights website.

Getting Help in a Language Other than English

IMPORTANT: Can you read this letter? You can call **1-800-300-1506** and ask for this letter translated to your language or in another format such as large print. For TTY call **1-888-889-4500** where you can also request this letter in alternate format.

Español IMPORTANTE: ¿Puede leer esta carta? Usted puede llamar al **1-800-300-0213** y pedir esta carta traducida en su idioma o en otro formato como en letras grandes. Para TTY, llame al **1-888-889-4500**, donde también puede pedir esta carta en algún formato diferente. **(Spanish)**

中文/繁體字 重要事項: 您能讀懂這封信嗎? 您可以致電 **1-800-300-1533** 並要求將這封信翻譯成您的語言或者索要其他格式如大字版本的信件。對於 TTY，請致電

1-888-889-4500, 您也可以在那裏索取其他格式的信件。**(Chinese)**

Tiếng Việt QUAN TRỌNG: Quý vị có thể đọc được bức thư này không? Quý vị có thể gọi điện đến số **1-800-652-9528** và yêu cầu được dịch bức thư này sang ngôn ngữ của quý vị hoặc chuyển sang định dạng khác như bản in khổ lớn. Người dùng TTY, hãy gọi số **1-888-889-4500** quý vị cũng có thể yêu cầu định dạng thay thế khác cho bức thư này. **(Vietnamese)**

한국어 중요: 이 편지를 읽을 수 있습니까? **1-800-738-9116** 으로 연락하여 귀하의 언어로 번역되거나 큰 활자와 같은 다른 형식으로 요청하십시오. TTY **1-888-889-4500** 에서도 이 편지의 다른 포맷을 요청할 수도 있습니다. **(Korean)**

Tagalog MAHALAGA: Maaari ba ninyong basahin ang sulat na ito? Maaari kang tumawag sa **1-800-983-8816** at humiling na isalin ang sulat na ito sa iyong wika o sa iba pang format katulad ng malalaking titik. Para sa TTY, tumawag sa **1-888-889-4500** kung saan maaari kang humiling ng alternatibong format ng sulat na ito. **(Tagalog)**

العربية هام: هل يمكنك قراءة هذا الخطاب؟ يمكنك الاتصال بـ **1-800-826-6317** وطلب هذا الخطاب مترجماً إلى لغتك أو بصيغة أخرى، بخط كبير مثلاً. للصم والبكم، اتصل بـ **1-888-889-4500** حيث يمكنك أيضاً أن تطلب هذا الخطاب بصيغة مختلفة. **(Arabic)**

հայերեն ԿԱՐԵՎՈՐ Է: Դուք կարո՞ղ էք կարդալ այս նամակը: Դուք կարո՞ղ էք զանգահարել **1-800-996-1009** և խնդրել, որ այս նամակը թարգմանվի Ձեր լեզվով կամ Ձեզ տրվի մեկ այլ ձևաչափով, օրինակ՝ խոշորատառ: TTY-ի համար զանգահարել **1-888-889-4500**, որտեղ կարո՞ղ էք նաև այլընտրանքային ձևաչափով խնդրել այս նամակը: **(Armenian)**

ភាសាខ្មែរ សំខាន់: តើលោកអ្នកអាចអានលិខិតនេះបានដែរឬទេ? លោកអ្នកអាចទូរស័ព្ទមកលេខ **1-800-906-8528** និងស្នើសុំឱ្យគេបកប្រែលិខិតនេះជាភាសារបស់លោកអ្នក ឬជានប្រដំមួយផ្សេងទៀតដូចជាអក្សរពុម្ពធំៗ សម្រាប់ TTY ទូរស័ព្ទមកលេខ **1-888-889-4500** ដែលលោកអ្នកក៏អាចស្នើសុំលិខិតនេះជានប្រដំផ្សេងទៀតបានផងដែរ។ **(Khmer)**

Русский ВАЖНАЯ ИНФОРМАЦИЯ: Вы можете прочитать это письмо? Вы можете позвонить по телефону **1-800-778-7695** и запросить получение этого письма, переведенного на Ваш родной язык, или распечатанного крупным шрифтом. Лица со сниженным слухом могут позвонить по телефону **1-888-889-4500**, чтобы запросить это письмо в ином формате. **(Russian)**

فارسی مهم: آیا می توانید این نامه را بخوانید؟ می توانید با شماره **1-800-921-8879** تماس بگیرید و تقاضا کنید که این نامه به زبان شما ترجمه شود یا به فرمت دیگری مانند حروف درشت به شما ارسال شود. برای TTY با شماره **1-888-889-4500** تماس بگیرید و از طریق همان شماره همچنین می توانید درخواست کنید که این نامه به فرمت دیگری به شما ارسال شود. **(Farsi)**

Hmoob TSEEM CEEB: Koj nyeem puas tau tsab ntawv no? Koj hu tau rau **1-800-771-2156** thiab nug kom daim ntawv txais ua yog koj cov lus los sis yog lwm hom xws lis luam tus ntawv loj. Hu tau TTY ntawm **1-888-889-4500** ua koj thov hloov tau lwm hom.

(Hmong)
महत्वपूर्ण: क्या आप यह पत्र पढ़ सकते हैं? इस पत्र को अपनी भाषा में अनुवाद करने के लिए या बड़े प्रिंट की तरह किसी अन्य प्रारूप में प्राप्त करने के लिए **1-800-300-1506** पर कॉल करके अनुरोध कर सकते हैं। TTY के लिए **1-888-889-4500** पर कॉल करें जहाँ आप इस पत्र को किसी अन्य प्रारूप में प्राप्त करने का अनुरोध कर सकते हैं। **(Hindi)**

重要: この文書を読むことができますか? 希望の言語に翻訳された文書、または大きな文字など別の形式の文書をご希望の場合、**1-800-300-1506** までお電話ください。TTY の場合、**1-888-889-4500** にお電話いただければ、その他の形式の文書をリクエストすることもできます。 **(Japanese)**

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਨੂੰ ਪੜ ਸਕਦੇ ਹੋ? ਤੁਸੀਂ **1-800-300-1506** 'ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਇਸ ਪੱਤਰ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਸਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪਰਿੰਟ ਲਈ ਪੁੱਛ ਸਕਦੇ ਹੋ। ਟੀਟੀਟਾਈ ਲਈ **1-888-889-4500** 'ਤੇ ਕਾਲ ਕਰੋ ਜਿੱਥੇ ਕਿ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਦੇ ਵਿਕਲਪਕ ਰੂਪ ਵਿਚ ਸਰੂਪ ਲਈ ਬੇਨਤੀ ਵੀ ਕਰ ਸਕਦੇ ਹੋ। **(Punjabi)**

สำคัญ: คุณสามารถอ่านจดหมายฉบับนี้ได้หรือไม่
คุณสามารถติดต่อได้ที่เบอร์ **1-800-300-1506**
เพื่อขอให้แปลจดหมายฉบับนี้เป็นภาษาของคุณ
หรือขอเปลี่ยนแปลงรูปแบบตัวอักษรให้เป็นรูปแบบอื่น
เช่นตัวอักษรขนาดใหญ่ สำหรับระบบ TTY
คุณสามารถติดต่อได้ที่เบอร์ **1-888-889-4500**
ซึ่งคุณสามารถขอจดหมายฉบับนี้ในรูปแบบอื่น ๆ ได้ **(Thai)**